

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: NEW JERSEY

Filings Made During the Year 2005

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 1/2" x 14")	3	1	Xxx	3/1	NAIC	Must be bound
	1.1	Printed Investment Schedule detail (Pages E01-E-26)	3	1	Xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	3	1	Xxx	5/15, 8/15, 11/15	NAIC	
	3	Protected Cell Annual Statement	N/A	0	Xxx	3/1	NAIC	
	4	Combined Annual Statement (8 1/2" x 14")	3	1	Xxx	5/1	NAIC	
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	3	1	Xxx	4/1	NAIC	
	11	Combined Insurance Expense Exhibit	3	1	Xxx	5/1	NAIC	
	12	Credit Insurance Experience Exhibit	3	1	Xxx	4/1	NAIC	
	13	Investment Risk Interrogatories	3	1	Xxx	4/1	NAIC	
	14	Financial Guaranty Insurance Exhibit	3	1	Xxx	3/1	NAIC	
	15	Insurance Expense Exhibit	3	1	Xxx	4/1	NAIC	
	16	Long Term Care Experience Reporting Forms	3	1	Xxx	4/1	NAIC	
	17	Management Discussion & Analysis	3	1	Xxx	4/1	Company	
	18	Medicare Supplement Insurance Experience Exhibit	3	1	Xxx	3/1	NAIC	
	19	Premiums Attributed to Protected Cells Exhibit	N/A	1	Xxx	3/1	NAIC	
	20	Risk-Based Capital Report	1	1	Xxx	3/1	NAIC	
	21	Schedule SIS	3	N/A	N/A	3/1	NAIC	
	22	Statement of Actuarial Opinion	3	1	Xxx	3/1	Company	Actuary must be "qualified"
	23	Supplement A to Schedule T	3	1	Xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	24	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	26	Trusted Surplus Statement	3	1	Xxx	3/1, 5/15, 8/15, 11/15	NAIC	
		III. ELECTRONIC FILING REQUIREMENTS						
	30	Annual Statement Electronic Filing	Xxx	1	Xxx	3/1	NAIC	
	31	March .PDF Filing	Xxx	1	Xxx	3/1	NAIC	
	32	Risk-Based Capital Electronic Filing	Xxx	1	N/A	3/1	NAIC	
	33	Combined Annual Statement Electronic Filing	Xxx	1	Xxx	5/1	NAIC	
	34	Combined Annual Statement .PDF Filing	Xxx	1	Xxx	5/1	NAIC	
	35	Supplemental Electronic Filing	Xxx	1	Xxx	4/1	NAIC	
	36	Supplemental .PDF Filing	Xxx	1	Xxx	4/1	NAIC	
	37	Quarterly Electronic Filing	Xxx	1	Xxx	5/15, 8/15, 11/15	NAIC	
	38	Quarterly .PDF Filing	Xxx	1	Xxx	5/15, 8/15, 11/15	NAIC	
	30	June .PDF Filing	Xxx	1	Xxx	6/1	NAIC	
		IV. AUDITED FINANCIAL STATEMENTS						
	51	Accountants Letter of Qualifications	1	N/A	N/A		Company	If Applicable
	52	Audited Financial Statements	1	1	1	6/1	Company	
	53	Audited Financial Statements Exemption Affidavit	1	N/A	N/A		Company	If Applicable
	54	Designation of Independent CPA	1	N/A	N/A		Company	If Applicable
	55	Notification of Adverse Financial Condition	1	N/A	N/A		Company	If Applicable
	56	Report of Significant Deficiencies in Internal Controls	1	N/A	N/A		Company	If Applicable
	57	Request for Exemption to File	1	N/A	N/A	12/31/03	Company	In Writing
	58	Request to File Consolidated Audited Annual Statements	1	N/A	1	12/31/03	Company	
		V. STATE REQUIRED FILINGS						
	101	Certificate of Compliance	0	0	1	3/1	State	Retaliatory Only
	102	Certificate of Deposit	0	0	1	3/1	State	
	103	Filings Checklist (with Column 1 completed)	1	1	1	3/1	State	
	104	Premium tax	1	0	1	3/1	State	Form sent by Taxation
	105	State Filing Fees	1	0	1	3/1	State	See Fee Letter
	107	Signed Jurat Page	0	0	1	3/1	NAIC	See Note L
	108	NJ Medicare Supplement Under 50 Plan	1	0	1	3/1	State	See Note O
	109	NJ Small Employer Health Benefits	1	0	1	3/1	State	See Note P
	110	NJ Individual Health Benefits	1	0	1	3/1	State	See Note P
	111	Medical Malpractice Rate Adequacy Certification	1	Xxx	1	3/1	State	See Note Q

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
	A	Required Filings Contact Person:	Margaret P. Shaw Telephone (609) 292-5350 ext 50099 e-mail mshaw@dobi.state.nj.us
	B	Mailing Address:	P.O. BOX 325 Trenton, NJ 08625-0325
	B-1	Address for delivery by UPS, FEDEx etc to Insurance Department	20 West State Street 10 th Floor Trenton, NJ 08608
	C	Mailing Address for Filing Fees:	Same as above
	D	Mailing Address for Premium Tax Payments: If missing form please call Daniel Boone, Dept. of Treasury, (609) 984-4128 or visit the Dept. of Treasury's website: www.state.nj.us/treasury/taxation/prntins.htm to download Tax forms	New Jersey Division of Taxation P.O. BOX 247 Trenton, NJ 08625-0247
	D-1	Address for delivery by UPS, FEDEx etc for Tax Forms	160 South Broad Street Trenton, NJ 08646
	E	Delivery Instructions:	All filings must be postmarked no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day.
	F	Late Filings:	Companies will be fined \$100 per day for a late filing.
	G	Original Signatures:	Original signatures required from domestic companies. Foreign companies should follow the instructions from the NAIC
	H	Signature/Notarization/Certification:	President and Secretary, or in their absence, two principal officers must sign the annual statement
	I	Amended Filings:	Amended items must be filed within 10 days of the amendment, along with the explanation of the amendments. If there are signature requirements for the original filings, same should be followed for any amendment.
	J	Exceptions from normal filings:	Foreign companies must supply a written copy of any exemption or extension received from its state of domicile 10 days prior to the filing due date to receive such from NJ. Domestic companies should apply at least 30 days prior to the due date.
	K	Bar Codes (State or NAIC)	Not Required
	L	Signed Jurat	All foreign companies must file a copy of the jurat page of its annual statement to allow New Jersey to update its database.
	M	NONE Filings:	See NAIC Annual Statement Instructions.
	N	Filings new, discontinued or modified materially since last year:	Foreign companies file electronic only with the NAIC for most documents Medical Malpractice writers must file a rate adequacy certification
	O	NJ Medicare Supplement Under 50 Plan	Mail to: N J Medicare Supplement Under 50 Plan C/o Pool Administrators 100 Great Meadow Road, Suite 112 Wethersfield, CT 06109
	P	New Jersey Small Employer and Individual Health Benefits Program Call Ellen DeRosa (609) 633-1882 ext50302 with questions.	Required of all carriers that report accident and health premiums in NJ.
	Q	Medical Malpractice Rate Adequacy Certification	Required of all carriers that report Medical Malpractice Liability Insurance in New Jersey.